

First 5 San Francisco Early Childhood Educator BA/MA Bonus

Continuing Eligibility

Employment Verification

Applicant's Information (Please print)

Last name	First name	MI	Social Security _____ - _____ - _____
Is this how your name appears exactly on your Social Security Card? <input type="checkbox"/> Yes, same as above <input type="checkbox"/> No, the name on my Social Security Card is:			
Home address		Apt #	City
Home phone		Cell Phone	Work Phone
Home phone		Cell Phone	E-mail
Check below if you have a California Child Development Permit: <input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director			
If you have a California Child Development Permit, what is your permit number? _____		What Degree(s) do you hold? <input type="checkbox"/> BA in _____ <input type="checkbox"/> MA in _____	

Employment Verification - One of your staff members is applying for a BA/MA stipend and employment verification is necessary. Please note that once an applicant is approved, in order to continue to be eligible for the stipend, s/he will need a quarterly signature to verify ongoing employment.

Site type: <input type="checkbox"/> Center <input type="checkbox"/> FCC	Center/FCC name:	Address:	License #:
Site Funding Type: (Check all that apply) <input type="checkbox"/> Preschool For All <input type="checkbox"/> CDE/CDD/Title 5			
Date employee began working at this center or FCC: _____ / _____ / _____		Is this person still employed at your center or FCC? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what was their last date of employment? _____ / _____ / _____	
On average, how many paid hours does this staff member work providing direct instruction to children per week? (During these hours the staff member must be counted in your center's adult-child ratio.) _____ hours per week			
What is staff member's current title?			
Please indicate the person at your site authorized to verify employment: (Please print name)		Title:	Phone:
Employer Signature - By signing this form I certify that I am the person at this site/agency authorized to verify employment and that all information provided is true and correct:			
Employer Signature: _____			Date: _____

Mail Applications to: SF CARES * 706 Mission Street, 6th Floor * San Francisco, CA 94103
 Or schedule an appointment by calling (415)856-8140 * No faxes will be accepted